

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
|                           | AS       |        | 08/16/00 |
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | NH       | 617    | 9-20-00  |
| RESPONSE FORMALITY REVIEW | MS       | 854    | 11-8-17  |
|                           |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 7/19/03 |
| 2        | 1/12/04 |
| 3        | 1/12/04 |
| 4        | 1/12/04 |
| 5        | 1/12/04 |
| 6        | 1/12/04 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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